



**GUARDIANSHIP OF AN ADULT INSTRUCTIONS
THESE ARE YOUR CUSTOMIZED COURT DOCUMENTS.**

NAME: Mike Petro

Write your case number here when the court gives it to you: 2341234

User Name: _____

Email Address: _____

1. READ AND SIGN YOUR DOCUMENTS

Read all documents to be sure you understand what you are asking for.

If you need to **change** something on your documents, log back into your session using your password. Your information will be retained for 180 days after your most recent login.

Checklist

- Step 1: Read this packet carefully prior to filing any documents
- Step 2: Sign the documents and make a copy for your records before filing them.
Copy only one side of each page.
- Step 3: File the documents and pay your filing fee (or obtain waiver of the fee)
 - Cover Sheet
 - Military Service Declaration and Certificate of Military Service
(Obtain each Certificate of Military Service at:
<https://www.dmdc.osd.mil/owa/scra/home>)
 - Military Service Order
 - Verified Petition
 - Findings of Fact and Conclusions of Law
 - Order of Appointment of Guardian of Adult
 - Acceptance of Appointment
 - Letters of Guardianship
- Step 4: File your papers at either of the following courts:

Third District Court, 450 South State Street, Salt Lake City, UT 84114

- Pay filing fee (or use Request for Fee Waiver to waive the fee)
- Step 5: The case number and judge will be received when you file. Write both of them in the appropriate place on all of the documents.
- Step 6: A hearing will be set by the court. You will receive notice of the hearing date.
- Step 7: Attend the hearing: Petitioner, proposed Guardian and the adult must be at the Hearing. The Order Appointing Guardian, Acceptance of Guardianship, Letters of Guardianship will be signed at the Hearing.

DISCLAIMER

These documents were generated based on the responses you gave to the Online Court Assistance Program. The Online Court Assistance Program accepts no responsibility for errors or omissions in these documents. Representing yourself in court is an important responsibility. You are responsible for the information in these documents and any other documents you file with the courts.

OCAP fees are regulated by state law

The fees for using an OCAP program are regulated by statute at Utah Code § 78A-2-501. No other fees are authorized by law. A separate fee may only be charged for services above and beyond what someone could receive if they were to use an OCAP program on their own.

NOTE: The OCAP fee will be charged at the time of filing even if the OCAP documents have been altered, such as by the removal of headers and footers.

ocap@email.utcourts.gov

Cover Sheet for Civil Actions

Interpretation. If you do not speak or days understand English, contact the court at least 3 before the hearing, and an interpreter will be provided.

Interpretación. Si usted no habla o entiende el Inglés contacte al tribunal por lo menos 3 días antes de la audiencia o mediación y le proveerán un intérprete.

Petitioner

Mike Petro

Name

Being Tall St.

Address

Salt Lake City, UT 44444-4444

City, State, Zip

(234) 324-2343

**Arrow @ Straight .
com**

Phone

Email

Petitioner's Attorney

Name

Bar Number

Address

City, State, Zip

Phone

Email

Respondent

Samuel Jacobs

Name

345 Binder Dr.

Address

Salt Lake City, UT 23432-4234

City, State, Zip

(234) 234-3242

None

Phone

Email

Respondent's Attorney

Name

Bar Number

Address

City, State, Zip

Phone

Email

Total Claim for Damages \$ _____

Jury Demand Yes No \$250 Jury Demand

Schedule of Fees: 78-2-301 (Choose all that apply. See Page 2 for fees for claims other than claims for damages.)

PLEASE CHOOSE ONE BEFORE PROCEEDING

- No monetary damages are requested. (URCP 26: Tier 2)
- Damages requested are \$50,000 or less (URCP 26: Tier 1)
- Damages requested are more than \$50,000 And less than \$300,000 (URCP 26: Tier 2)
- Damages requested are \$300,000 or more (URCP 26: Tier 3)
- This case is exempt from URCP 26. (E)

--MOTION TO RENEW JUDGMENT --

\$37.50 Damages \$2,000 or less

\$92.50 Damages \$2001 - \$9,999

\$180.00 Damages \$10,000 & over

--COMPLAINT OR INTERPLEADER--

\$75 Damages \$2000 or less

\$185 Damages \$2001 - \$9999

\$360 Damages \$10,000 & over

\$360 Damages Unspecified

--COUNTERCLAIM, CROSS CLAIM, THIRD

PARTY CLAIM, OR INTERVENTION --

\$55 Damages \$2000 or less

\$150 Damages \$2001 - \$9999

\$155 Damages \$10,000 & over

Choose Only One Category

Fee		Case Type	Fee		Case Type
		----- APPEALS -----			
\$360	<input type="checkbox"/>	Administrative Agency Review (E)	\$100	<input type="checkbox"/>	Domestic Modification
Sch	<input type="checkbox"/>	Tax Court (Appeal of Tax Commission Court: Refer to Clerk of Court upon filing.	\$100	<input type="checkbox"/>	Counter-petition: Domestic Modification
\$225	<input type="checkbox"/>	Civil (78A-2-301(1)(h)) (E)	\$35	<input type="checkbox"/>	Foreign Domestic Decree
\$225	<input type="checkbox"/>	Small Claims Trial de Novo	\$100	<input type="checkbox"/>	Domestic Modification
		----- GENERAL CIVIL -----	\$360	<input type="checkbox"/>	Grandparent Visitation
\$360	<input type="checkbox"/>	Attorney Discipline	\$360	<input type="checkbox"/>	Paternity/Parentage
Sch	<input type="checkbox"/>	Civil Rights	\$310	<input type="checkbox"/>	Separate Maintenance
\$ 0	<input type="checkbox"/>	Civil Stalking	\$35	<input type="checkbox"/>	Temporary Separation
\$360	<input type="checkbox"/>	Condemnation/Eminent Domain	\$35	<input type="checkbox"/>	Uniform Child Custody Jurisdiction & Enforcement Act (UCCJEA) (E)
Sch	<input type="checkbox"/>	Contract	\$35	<input type="checkbox"/>	Uniform Interstate Family Support (UIFSA) (E)
Sch	<input type="checkbox"/>	Debt Collection			----- JUDGMENTS -----
Sch	<input type="checkbox"/>	Eviction/Forcible Entry and Detainer	\$35	<input type="checkbox"/>	Foreign Judgment (Abstract of) (E)
\$360	<input type="checkbox"/>	Extraordinary Relief/Writs	\$50	<input type="checkbox"/>	Abstract of Judgment/Order of Utah Court/Agency (E)
\$360	<input type="checkbox"/>	Forfeiture of Property	\$30	<input type="checkbox"/>	Abstract of Judgment/Order of Utah State Tax Commission (E)
Sch	<input type="checkbox"/>	Interpleader	\$35	<input type="checkbox"/>	Judgment by Confession
Sch	<input type="checkbox"/>	Lien/Mortgage Foreclosure			----- PROBATE -----
Sch	<input type="checkbox"/>	Malpractice	\$360	<input type="checkbox"/>	Adoption/Foreign Adoption
Sch	<input type="checkbox"/>	Miscellaneous Civil	\$8	<input type="checkbox"/>	Vital Statistics 26-2-25 per form
Sch	<input type="checkbox"/>	Personal Injury	\$360	<input type="checkbox"/>	Conservatorship
\$360	<input type="checkbox"/>	Post Conviction Relief: Capital (E)	\$360	<input type="checkbox"/>	Estate Personal Rep – Formal
\$360	<input type="checkbox"/>	Post Conviction Relief: Non-capital (E)	\$360	<input type="checkbox"/>	Estate Personal Rep – Informal
Sch	<input type="checkbox"/>	Property Damage	\$35	<input type="checkbox"/>	Foreign Probate/Child Custody Doc
Sch	<input type="checkbox"/>	Property Rights	\$360	<input type="checkbox"/>	Gestational Agreement
Sch	<input type="checkbox"/>	Sexual Harassment	\$360	<input checked="" type="checkbox"/>	Guardianship
Sch	<input type="checkbox"/>	Water Rights (E)	\$0	<input type="checkbox"/>	Involuntary Commitment (E)
Sch	<input type="checkbox"/>	Wrongful Death	\$360	<input type="checkbox"/>	Minor's Settlement
\$360	<input type="checkbox"/>	Wrongful Lien	\$360	<input type="checkbox"/>	Name Change
Sch	<input type="checkbox"/>	Wrongful Termination	\$360	<input type="checkbox"/>	Supervised Administration
		----- DOMESTIC -----	\$360	<input type="checkbox"/>	Trusts
\$0	<input type="checkbox"/>	Cohabitant Abuse	\$360	<input type="checkbox"/>	Unspecified Probate
\$310	<input type="checkbox"/>	Marriage Adjudication (Common Law)			----- SPECIAL MATTERS-----
\$310	<input type="checkbox"/>	Custody/Visitation/Support	\$35	<input type="checkbox"/>	Arbitration Award (E)
\$310	<input type="checkbox"/>	Divorce/Annulment	\$0	<input type="checkbox"/>	Determination Competency-Criminal
		<input type="checkbox"/> Check if child support, custody, or will be part of decree	\$135	<input type="checkbox"/>	Expungement
		<input type="checkbox"/> Check if Temporary Separation filed	\$0	<input type="checkbox"/>	Hospital Lien (E)
\$8	<input type="checkbox"/>	Vital Statistics 26-2-25 per form	\$35	<input type="checkbox"/>	Judicial Approval of Document: Not Part of Pending Case (E)
\$20	<input checked="" type="checkbox"/>	Online Court Assistance Program	\$35	<input type="checkbox"/>	Notice of Deposition in Out-of-State Case/Foreign Subpoena (E)
\$115	<input type="checkbox"/>	Counterclaim: Divorce/Sep Maint.	\$35	<input type="checkbox"/>	Open Sealed Record (E)
\$115	<input type="checkbox"/>	Counterclaim: Custody/ Visitation/ Support			
\$155	<input type="checkbox"/>	Counterclaim: Paternity/Grandparent Visitation			

(E) Exempt from URCP Rule 26

This is a Private Record

You must complete the information below before the clerk can issue your letter of guardianship. In addition, you must keep the court informed of **Mike Petro's** and **Samuel Jacobs'** current address and phone number. You may notify the court by calling **(801) 238-7300**. Please have your case number ready. Or you can print the information in the space below and mail it to the court at **Third District Court, 450 South State Street, Salt Lake City, UT 84114**. Case Number

Information About Guardian

Mike Petro

Name

Being Tall St.

Address

Salt Lake City UT 44444-4444

City, State, Zip

(234) 324-2343

Phone

Arrow @ Straight . com

Email

333-33-3333

Social Security Number

April 30, 1920

Date of Birth

234234324324

Driver License Number

Information About Protected Person

Samuel Jacobs

Name

345 Binder Dr.

Address

Salt Lake City, UT 23432-4234

City, State, Zip

(234) 234-3242

Phone

None

Email

234-23-4234

Social Security Number

April 2, 1977

Date of Birth

234234234

Driver License Number

Please list your next-of-kin or other contact person who will know how to reach you.

Tiny Nose

Contact Person's Name

Short St.

Address

Salt Lake City UT 23423-4234

City, State, Zip

(987) 987-9879

Phone

Boxing Tigers @ Bad . com

Email

I declare under penalty of Utah Code Section 78B-5-705 that everything stated in this document is true

Date _____ Sign here _____

This is a Private Record

You must complete the information below before the clerk can issue your letter of guardianship. In addition, you must keep the court informed of **Tiny Nose's** and **Samuel Jacobs'** current address and phone number. You may notify the court by calling **(801) 238-7300**. Please have your case number ready. Or you can print the information in the space below and mail it to the court at **Third District Court, 450 South State Street, Salt Lake City, UT 84114**. Case Number

Information About Guardian

Tiny Nose

Name

Short St.

Address

Salt Lake City UT 23423-4234

City, State, Zip

(987) 987-9879

Phone

Boxing Tigers @ Bad . com

Email

444-44-4444

Social Security Number

March 4, 2015

Date of Birth

4444444444444444

Driver License Number

Information About Protected Person

Samuel Jacobs

Name

345 Binder Dr.

Address

Salt Lake City, UT 23432-4234

City, State, Zip

(234) 234-3242

Phone

None

Email

234-23-4234

Social Security Number

April 2, 1977

Date of Birth

234234234

Driver License Number

Please list your next-of-kin or other contact person who will know how to reach you.

Mike Petro

Contact Person's Name

Being Tall St.

Address

Salt Lake City UT 23423-4234

City, State, Zip

(234) 324-2343

Phone

Arrow @ Straight . com

Email

I declare under penalty of Utah Code Section 78B-5-705 that everything stated in this document is true

Date _____ Sign here _____

This is a Private Record

You must complete the information below before the clerk can issue your letter of guardianship. In addition, you must keep the court informed of **Waine Riches'** and **Samuel Jacobs'** current address and phone number. You may notify the court by calling **(801) 238-7300**. Please have your case number ready. Or you can print the information in the space below and mail it to the court at **Third District Court, 450 South State Street, Salt Lake City, UT 84114**. Case Number

Information About Guardian

Waine Riches

Name

1127 East 400 South

Address

Salt Lake City UT 84777-7777

City, State, Zip

(801) 777-7777

Phone

Sevens on Sevens @ You Bet . com

Email

777-77-7777

Social Security Number

March 27, 2015

Date of Birth

7777777777

Driver License Number

Information About Protected Person

Samuel Jacobs

Name

345 Binder Dr.

Address

Salt Lake City, UT 23432-4234

City, State, Zip

(234) 234-3242

Phone

None

Email

234-23-4234

Social Security Number

April 2, 1977

Date of Birth

234234234

Driver License Number

Please list your next-of-kin or other contact person who will know how to reach you.

Mike Petro

Contact Person's Name

Being Tall St.

Address

Salt Lake City UT 44444-4444

City, State, Zip

1111111111

Phone

None

Email

I declare under penalty of Utah Code Section 78B-5-705 that everything stated in this document is true

Date _____ Sign here _____

Name: **Mike Petro**
Address: **Being Tall St.**
Salt Lake City UT 44444-4444
Phone: **(234) 324-2343**
Email: **Arrow @ Straight . com**
Pro Se **Petitioner**

Online Court Assistance Program
Private Record
Tier 2 case

IN THE THIRD JUDICIAL DISTRICT COURT
OF SALT LAKE COUNTY, STATE OF UTAH
Third District Court, 450 South State Street, Salt Lake City, UT 84114

In the Matter of Protection for:

Samuel Jacobs,

Respondent

**PETITION TO APPOINT A GUARDIAN
FOR AN ADULT**

Attorney for the Respondent Requested

Court visitor requested

Case No. _____

Judge: _____

1. I request that the court appoint **Mike Petro, Tiny Nose, and Waine Riches**, who are competent persons or suitable institution, as guardians for **Samuel Jacobs**.
2. The court has jurisdiction under Section 75-1-302.
3. The court has venue because **Samuel Jacobs** resides or is present in **Salt Lake County**.
4. The interested persons who must be served are described in Schedule A, which is attached. Service of a copy of this petition and notice of the time and place of the hearing will occur as described in Schedule A.

5. Information about Respondent:

Name **Samuel Jacobs**
Street **345 Binder Dr.**
City, State, Zip **Salt Lake City, UT 23432-4234**
Phone **(234) 234-3242**

Email **None**
SSN **234-23-4234**
Birth Date **April 2, 1977**
Driver License Number **234234234**

6. Information about the proposed guardian **Mike Petro**:

Name **Mike Petro**
Street **Being Tall St.**
City, State, Zip **Salt Lake City, UT 44444-4444**
Phone **(234) 324-2343**
Email **Arrow @ Straight . com**
SSN **333-33-3333**
Birth Date **April 30, 1920**
Driver License Number **234234324324**

7. Information about the proposed guardian's next of kin or other contact person:

Name **Tiny Nose**
Street **Short St.**
City, State, Zip **Salt Lake City, UT 23423-4234**
Phone **(987) 987-9879**
Email **Boxing Tigers @ Bad . com**

8. **Mike Petro** has priority for appointment as guardian because:

- a. **Mike Petro** has been nominated by the respondent in a signed writing substantially conforming to the requirements of Section 75-5-311.
- b. **Mike Petro** is the respondent's spouse.
- c. **Mike Petro** is the respondent's adult child.
- d. **Mike Petro** is the respondent's parent.
- e. **Mike Petro** is a person nominated by will or other writing signed by the respondent's deceased spouse.
- f. **Mike Petro** is a person nominated by will or other writing signed by the respondent's deceased parent.
- g. **Mike Petro** is the respondent's relative with whom the respondent has resided for more than six months before the filing of the petition.
- h. **Mike Petro** has been nominated by the person who is caring for the respondent or

paying benefits to the respondent.

i. **Mike Petro** is a specialized care professional who does not profit financially or otherwise from or receive compensation for acting as guardian, except for the direct costs of providing guardianship services, and does not otherwise have a conflict of interest in providing those services.

j. **Mike Petro** is a person with the following relationship to respondent:

Adult Son

9. The court should appoint the proposed guardian **Mike Petro** because the proposed guardian is highest in priority established by statute.

10. Information about the proposed guardian **Tiny Nose**:

Name	Tiny Nose
Street	Short St.
City, State, Zip	Salt Lake City, UT 23423-4234
Phone	(987) 987-9879
Email	Boxing Tigers @ Bad . com
SSN	444-44-4444
Birth Date	March 4, 2015
Driver License Number	4444444444444444

11. Information about the proposed guardian's next of kin or other contact person:

Name	Mike Petro
Street	Being Tall St.
City, State, Zip	Salt Lake City, UT 44444-4444
Phone	(234) 324-2343
Email	Arrow @ Straight . com

12. **Tiny Nose** has priority for appointment as guardian because:

- a. **Tiny Nose** is the respondent's spouse.
- b. **Tiny Nose** is a person with the following relationship to respondent:

Other

13. The court should appoint the proposed guardian **Tiny Nose** because the proposed guardian is highest in priority established by statute.

14. Information about the proposed guardian **Waine Riches**:

Name **Waine Riches**
Street **1127 East 400 South**
City, State, Zip **Salt Lake City, UT 84777-7777**
Phone **(801) 777-7777**
Email **Sevens on Sevens @ You Bet . com**
SSN **777-77-7777**
Birth Date **March 27, 2015**
Driver License Number **7777777777**

15. Information about the proposed guardian's next of kin or other contact person:

Name **Mike Petro**
Street **Being Tall St.**
City, State, Zip **Salt Lake City, UT 44444-4444**
Phone **1111111111**
Email **None**

16. **Waine Riches** has priority for appointment as guardian because:

- a. **Waine Riches** has been nominated by the respondent in a signed writing substantially conforming to the requirements of Section 75-5-311.
- b. **Waine Riches** is the respondent's adult child.
- c. **Waine Riches** is a person with the following relationship to respondent:

Adult Son

17. The court should appoint the proposed guardian **Waine Riches** because the proposed guardian is highest in priority established by statute.

18. The following are other guardianship or conservatorship orders or pending cases:

None

19. **Samuel Jacobs** ability to:

- a. receive and evaluate information
- b. make and communicate decisions
- c. provide for necessities such as food, shelter, clothing, health care, or safety

is impaired to the extent that **he** lacks the ability, even with appropriate technological assistance, to meet the essential requirements for financial protection or physical health, safety, or self-care.

20. **Samuel Jacobs** has the following functional limitations, and a guardian is necessary or desirable as a means of providing **him** with continuing care and supervision.

Samuel Jacobs can't divide PI. How's he going to write a check.

21. **Samuel Jacobs'** incapacity is proved by the following clear and convincing evidence: (Describe examples of the respondent's inabilities and functional limitations, so that even with appropriate technological assistance, he is unable to meet the essential requirements for financial protection or physical health, safety, or self-care. Attach supporting documents, including statements of any witnesses who are familiar with the respondent and / or evaluations of **Samuel Jacobs'** physician or other evaluator.)

Incapacity	Evidence
a. Samuel Jacobs can't divide PI. How's he going to write a check.	Stanford Binet Test, 1920

22. A guardianship is necessary or desirable as a means of providing **Samuel Jacobs** with continuing care and supervision because: (Explain what alternatives other than a guardianship have been tried and why they did not succeed. Or explain why alternatives have not been tried.)

I used a calculator, but I thought it would be cheating to let Samuel try it.

23. Limited guardianship. **Samuel Jacobs** requires a guardian with limited authority to:

- a. make decisions about **Samuel Jacobs'** custody and residence;
- b. provide for **Samuel Jacobs'** care, comfort, and maintenance;
- c. commence protective proceedings if **Samuel Jacobs'** property needs protection;
- d. institute proceedings to compel a person to perform their duty to support **Samuel Jacobs**.
- e. other (describe additional authority the guardian should have.)

Keep on Moving!

24. The estimated value of **Samuel Jacobs'** assets is: (Attach additional pages if needed. Refer to this paragraph number.)

Home and other real estate	\$3,333.00	
Bank and credit union accounts	\$4,444.00	
Investments	\$5,555.00	
Personal property	\$6,666.00	
Other	\$7,777.00	
Total	\$27,775.00	

25. **Samuel Jacobs'** estimated monthly income from all sources is: (Attach additional pages if needed. Refer to this paragraph number.)

Social Security Benefits	\$1,234.00	
Pension	\$2,345.00	
Interest	\$3,456.00	
Other	\$4,567.00	
Total	\$11,602.00	

26. **Samuel Jacobs** will be represented by **Reginald Esquire** an attorney selected by **Samuel Jacobs**.

27. **Samuel Jacobs** should be excused from attending the hearing:

- a. I am filing with this petition a Request to Assign a Court Visitor to inquire about whether to excuse the respondent from attending the hearing under Section 75-5-303.
- b. There is clear and convincing evidence from a physician that the respondent has fourth stage Alzheimer's disease;
- c. There is clear and convincing evidence from a physician that the respondent has extended comatosis; and/or
- d. There is clear and convincing evidence from a physician that the respondent has an intellectual disability with an IQ score under 20 to 25.

28. I request that the court:

- a. Schedule a hearing on this petition;
- b. Give notice as required by Utah Code Section 75-5-309
- c. Enter an order declaring **Samuel Jacobs** to be an incapacitated person and appointing **Mike Petro, Tiny Nose, and Waine Riches**, as guardians for **Samuel Jacobs** with the authority requested in this petition, to serve without bond.

I declare under penalty of Utah Code Section 78B-5-705 that everything stated in this document is true.

Date _____

Sign here

Mike Petro

REPORT SUPPORTING SAMUEL JACOBS NOT ATTENDING HEARING

Attach the following documents to your petition when you file with the court:

- a. Medical report showing clear and convincing evidence from a physician that Samuel Jacobs has fourth stage Alzheimer's disease.**
- b. Medical report showing clear and convincing evidence from a physician that Samuel Jacobs has extended comatosis.**
- c. Medical, mental health, or other report showing clear and convincing evidence that Samuel Jacobs has an intellectual disability with an IQ score under 20 to 25.**

Name: **Mike Petro**
 Address: **Being Tall St.**
Salt Lake City UT 44444-4444
 Phone: **(234) 324-2343**
 Email: **Arrow @ Straight . com**
Pro Se Petitioner

Online Court Assistance Program
Private Record

IN THE THIRD JUDICIAL DISTRICT COURT
 OF SALT LAKE COUNTY, STATE OF UTAH
 Third District Court, 450 South State Street, Salt Lake City, UT 84114

In the Matter of Protection for:

Samuel Jacobs,

Respondent

**Schedule A – people who must be served
 with the petition and notice of hearing**

Case No. _____

Judge: _____

(1) I will have the petition and notice of the hearing personally served upon:

Respondent	
Name	Samuel Jacobs
Address	345 Binder Dr.
City, State, Zip	Salt Lake City, UT 23432-4234
Phone	(234) 234-3242
Email	None

Respondent's spouse, who can be found in this state (<input checked="" type="checkbox"/> deceased)	
Name	Wifer Jacob
Address	
City, State, Zip	
Phone	
Email	

Respondent's mother, who can be found in this state (<input checked="" type="checkbox"/> deceased)	
Name	Momma Jacob
Address	
City, State, Zip	
Phone	

Email		
-------	--	--

Respondent's father, who can be found in this state (<input checked="" type="checkbox"/> deceased)		
Name		Papa Jacob
Address		
City, State, Zip		
Phone		
Email		

- (2) I request that the clerk of court post a copy of the notice of the hearing for 10 consecutive days immediately preceding the hearing in at least three public places in the county. I will mail a copy of the petition and notice of the hearing to the following people at least 10 days before the hearing:

Respondent's adult child (<input type="checkbox"/> deceased)		
Name		Tiny Nose
Address		Short St.
City, State, Zip		Salt Lake City, UT 23423-4234
Phone		(987) 987-9879
Email		Boxing Tigers @ Bad . com

Date _____

Sign here _____

Mike Petro

Name: **Mike Petro**
Address: **Being Tall St.**
Salt Lake City UT 44444-4444
Phone: **(234) 324-2343**
Email: **Arrow @ Straight . com**
Pro Se Petitioner

Online Court Assistance Program
This is a private record

IN THE THIRD JUDICIAL DISTRICT COURT
OF SALT LAKE COUNTY, STATE OF UTAH
Third District Court, 450 South State Street, Salt Lake City, UT 84114

In the Matter of Protection for:

Samuel Jacobs,

Respondent

Request to Assign a Court Visitor

Case No. _____

Judge: _____

(1) I request that the court assign **Howard Visitor** as a court visitor. **Howard Visitor** is a person who is trained in law, nursing, or social work with no personal interest in the proceedings.

(2) I request that the visitor inquire about:

a. whether to excuse **Samuel Jacobs** from attending the hearing under Section 75-5-303.

(3) I request that the visitor:

- a. interview Respondent **Samuel Jacobs**;
- b. interview the proposed guardians **Mike Petro, Tiny Nose, and Waine Riches**;
- c. interview the physician who has examined **Samuel Jacobs**;
- d. visit **Samuel Jacobs'** residence and/or proposed residence;
- e. conduct other inquiries and observations; (describe);
Go get me an Ice Cream bar.
- f. and file a written report with the court.

I declare under penalty of Utah Code Section 78B-5-705 that everything stated in this document is true.

Date _____

Sign here

Mike Petro

Certificate of Service

I certify that I served a copy of this **Request to Appoint an Attorney to Represent the Respondent** on the following people:

Person's Name	Method of Service	Served at this Address	Served on this Date
(Petitioner or Attorney) Mike Petro	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	Being Tall St. Salt Lake City, UT 44444-4444	
(Respondent or Attorney) Samuel Jacobs	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	345 Binder Dr. Salt Lake City, UT 23432-4234	
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File	Third District Court, 450 South State Street, Salt Lake City, UT 84114	
(Guardian) Mike Petro	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	Being Tall St. Salt Lake City, UT 44444-4444	
(Guardian) Tiny Nose	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	Short St. Salt Lake City, UT 23423-4234	
(Guardian) Waine Riches	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	1127 East 400 South Salt Lake City, UT 84777-7777	

Date _____

Sign here _____

Mike Petro

IN THE THIRD JUDICIAL DISTRICT COURT
OF SALT LAKE COUNTY, STATE OF UTAH
Third District Court, 450 South State Street, Salt Lake City, UT 84114

In the Matter of Protection for:

Samuel Jacobs,

Respondent

**Order Assigning Court Visitor
to Report on Request to Excuse Respondent
from the Hearing**

Case No. _____

Judge: _____

(1) The court requires further information regarding whether to excuse **Samuel Jacobs** from the hearing under Section 75-5-303, since **Mike Petro** has not presented clear and convincing evidence from a physician of **Samuel Jacobs'** inability to attend due to fourth stage Alzheimer's disease, extended comatosis, or an intellectual disability with an intelligence quotient score under 20 to 25.

(2) Utah Code Section 75-5-303 and Section 75-5-308 permit the court to assign a visitor to make inquiries on behalf of the court and report on those inquiries.

(3) _____ (name) is a special appointee of the court with no personal interest in these proceedings.

Therefore the court orders that:

(4) The person named in paragraph (3) is assigned as court visitor in this case, and shall inquire regarding **Samuel Jacobs'** circumstances.

(5) The visitor should:

- a. interview Respondent **Samuel Jacobs**;
- b. interview the proposed guardians **Mike Petro, Tiny Nose, and Waine Riches**;
- c. interview the physician who has examined **Samuel Jacobs**;
- d. visit **Samuel Jacobs'** residence and/or proposed residence;
- e. conduct the following inquiries and observations;
Go get me an Ice Cream bar.
- f. conduct other inquiries and observations as follows:

(6) This assignment ends on _____ (date), and the court visitor shall file a report of her/his inquiries and observations on or before _____ (date).

(7) The person named in paragraph (3) will be able to present a certified copy of this order with an original certificate and photo identification.

(8) Any person the court visitor contacts shall cooperate with the court visitor and assist in gathering information.

(9) Upon request, the court visitor must have access to all records relating to **Samuel Jacobs**, including protected health information under 45 CFR 164.512(e).

(10) The visitor shall not disclose the information and records provided under this order to anyone other than to the court, interested persons and others as ordered by the court.

Date _____

Sign here

Judge

Typed or Printed Name

Certificate of Service

I certify that I served a copy of this **Request to Appoint an Attorney to Represent the Respondent** on the following people:

Person's Name	Method of Service	Served at this Address	Served on this Date
(Petitioner or Attorney) Mike Petro	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	Being Tall St. Salt Lake City, UT 44444-4444	
(Respondent or Attorney) Samuel Jacobs	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	345 Binder Dr. Salt Lake City, UT 23432-4234	
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File	Third District Court, 450 South State Street, Salt Lake City, UT 84114	
(Guardian) Mike Petro	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	Being Tall St. Salt Lake City, UT 44444-4444	
(Guardian) Tiny Nose	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	Short St. Salt Lake City, UT 23423-4234	
(Guardian) Waine Riches	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	1127 East 400 South Salt Lake City, UT 84777-7777	

Date _____

Sign here _____

Typed or Printed Name

Instructions for reporting on excusing the respondent from the hearing

(1) Visitor's Report on Request to Excuse Respondent from the Hearing under Utah Code Section 75-5-303

- Print your name at the top of the first page. Print the contact information for the volunteer court visitor program:

POB 140241
Salt Lake City, UT 84114-0241
801-578-3800
visitor@utcourts.gov
- Paragraph (1): Mark the boxes that best describe the inquiries that you made. If you made inquiries other than those listed, describe them on the blank lines.
- Paragraph (2): Print the address where the respondent lives.
- Paragraph (3): Mark the box that best describes the respondent's current residence circumstances. Print the names of the people who also live at the respondent's address, unless the respondent lives in a nursing home, assisted living facility or some other licensed, multi-resident facility. Print the relationship of that person to the respondent.
- Paragraph (4): Mark the box that best describes the respondent's ability to travel. If you mark a box other than "good," describe why the respondent's ability is reduced. This might include ability to travel alone or with assistance, access to transportation, physical disabilities, etc. If you are unable to determine the respondent's ability to travel, explain what restricted your access to this information.
- Paragraph (5): Mark the box that best describes the respondent's ability to communicate. If you mark a box other than "good," describe why the respondent's ability is reduced. Even though the respondent might have a speech or cognitive impairment, you are reporting the respondent's ability to communicate. (Limited English proficiency is not a reason to be excused. The court will provide a language interpreter if one is needed. The court will also provide a sign language interpreter for anyone who needs that accommodation.) If you are unable to determine the respondent's ability to communicate, explain what restricted your access to this information.
- Paragraph (6): Mark the box that best describes the respondent's desire to attend the hearing. Describe what motivates the respondent either affirmatively or negatively. If you are unable to determine the respondent's desire to attend the hearing, explain what restricted your access to this information.
- Paragraph (7): Describe any accommodations that might help the respondent's

participation at the hearing. This might include special transportation arrangements, meeting in chambers rather than in a public courtroom, a hearing at a particular time of day, accommodations under the Americans with Disabilities Act, etc.

- Paragraph (8): Describe any other information you think might help the judge decide whether to excuse the respondent from the hearing.
- Date and sign the form.
- Deliver the report to the program coordinator at least 2 days **before** the due date on the order. Make sure that the program coordinator **receives** the report at least 2 days before the due date. If you mail the report, send it at least 5 days before the due date.
- The program coordinator will file the report with the court, serve the report on the interested persons and complete and file the Certificate of Service.

(2) Private information

Your report is a private record, which means that it must not be accessed by the public. Protect it from being seen or taken by an unauthorized person. Your report will be given to all of the interested persons involved in the case.

(3) Attend the hearing

The judge or parties may have follow-up questions about your report, so you should plan on attending the hearing at which your report is reviewed. You can get the date, time and location of the hearing from the judicial assistant. If you are subpoenaed to testify, you must attend the hearing.

This is a private record

My Name

Address

City, State, Zip

Phone

Email

IN THE THIRD JUDICIAL DISTRICT COURT
OF SALT LAKE COUNTY, STATE OF UTAH
Third District Court, 450 South State Street, Salt Lake City, UT 84114

In the Matter of Protection for:

Samuel Jacobs,

Respondent

**Visitor's Report on Request to Excuse
Respondent from the Hearing under Section
75-5-303**

Case No. _____

Judge: _____

(1) The court appointed me to investigate whether to excuse **Samuel Jacobs** from attending the hearing under Utah Code Section 75-5-303. During my investigation I:

(Choose [X] all that apply.)

- interviewed **Samuel Jacobs**;
- interviewed guardians **Mike Petro, Tiny Nose, and Waine Riches**;
- interviewed the physician who has examined **Samuel Jacobs**;
- interviewed _____;
(name and relationship to **Samuel Jacobs**)
- visited **Samuel Jacobs'** residence and/or proposed residence;
- conduct other inquiries and observations; (describe)

(2) **Samuel Jacobs** lives at:

_____ Address

_____ City, State, Zip

(3) **Samuel Jacobs** lives:

Alone

Licensed facility _____ (name)

Other _____ (describe)

With

Name	Relationship to Samuel Jacobs
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Unable to determine

(4) **Samuel Jacobs'** ability to travel to the hearing is:

Good

Poor

Fair

Unable to determine

Why?

(5) **Samuel Jacobs'** ability to communicate is:

- Good
- Fair

- Poor
- Unable to determine

Why?

(6) Does **Samuel Jacobs** want to attend the hearing:

- Yes
- No

- Unable to determine

Why?

(7) What accommodations would help **Samuel Jacobs'** participation at the hearing:

(8) Any other relevant information:

Date _____

Sign here _____

Typed or Printed Name

Certificate of Service

I certify that I served a copy of this **Request to Appoint an Attorney to Represent the Respondent** on the following people:

Person's Name	Method of Service	Served at this Address	Served on this Date
(Petitioner or Attorney) Mike Petro	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	Being Tall St. Salt Lake City, UT 44444-4444	
(Respondent or Attorney) Samuel Jacobs	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	345 Binder Dr. Salt Lake City, UT 23432-4234	
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File	Third District Court, 450 South State Street, Salt Lake City, UT 84114	
(Guardian) Mike Petro	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	Being Tall St. Salt Lake City, UT 44444-4444	
(Guardian) Tiny Nose	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	Short St. Salt Lake City, UT 23423-4234	
(Guardian) Waine Riches	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	1127 East 400 South Salt Lake City, UT 84777-7777	

Date _____

Sign here _____

 Typed or Printed Name

Name: **Mike Petro**
Address: **Being Tall St.**
Salt Lake City UT 44444-4444
Phone: **(234) 324-2343**
Email: **Arrow @ Straight . com**
Pro Se Petitioner

Online Court Assistance Program
This is a Private Record

IN THE THIRD JUDICIAL DISTRICT COURT
OF SALT LAKE COUNTY, STATE OF UTAH
Third District Court, 450 South State Street, Salt Lake City, UT 84114

In the Matter of Protection for:

Samuel Jacobs,

Respondent

Request for Order to Examine Respondent

Case No. _____

Judge: _____

(1) I request that the court order **Samuel Jacobs** be examined by **Doctor Threlgood** who is a physician licensed in the state of **Utah**, and who will examine **Samuel Jacobs**, evaluate **Samuel Jacobs'** functional limitations, and submit a written report to the court.

(2) I make this request because:

Beacue Samuel Jacobs isn't all there anymore, has a screw or two loose, if you know what I mean.

I declare under penalty of Utah Code Section 78B-5-705 that everything stated in this document is true.

Date _____

Sign here

Mike Petro

Certificate of Service

I certify that I served a copy of this **Request to Appoint an Attorney to Represent the Respondent** on the following people:

Person's Name	Method of Service	Served at this Address	Served on this Date
(Petitioner or Attorney) Mike Petro	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	Being Tall St. Salt Lake City, UT 44444-4444	
(Respondent or Attorney) Samuel Jacobs	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	345 Binder Dr. Salt Lake City, UT 23432-4234	
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File	Third District Court, 450 South State Street, Salt Lake City, UT 84114	
(Guardian) Mike Petro	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	Being Tall St. Salt Lake City, UT 44444-4444	
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(Guardian) Waine Riches	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	1127 East 400 South Salt Lake City, UT 84777-7777	

Date _____

Sign here _____

Mike Petro

IN THE THIRD JUDICIAL DISTRICT COURT
OF SALT LAKE COUNTY, STATE OF UTAH
Third District Court, 450 South State Street, Salt Lake City, UT 84114

In the Matter of Protection for:

Samuel Jacobs,

Respondent

**Order Appointing Physician to Examine
the Respondent in a Guardianship Petition**

Case No. _____

Judge: _____

(1) Under Utah Code Section 75-5-303, the court may appoint a physician to examine **Samuel Jacobs**.

(2) The court needs more evidence of the nature and extent of **Samuel Jacobs'** alleged incapacity.

(3) **Doctor Threlgood** is a physician licensed in the state of **Utah**.

Therefore the court orders that:

(4) The person named in paragraph (3) is appointed to examine **Samuel Jacobs** and submit a written report to the court.

Date _____

Sign here

Judge

Typed or Printed Name

Certificate of Service

I certify that I served a copy of this **Request to Appoint an Attorney to Represent the Respondent** on the following people:

Person's Name	Method of Service	Served at this Address	Served on this Date
(Petitioner or Attorney) Mike Petro	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	Being Tall St. Salt Lake City, UT 44444-4444	
(Respondent or Attorney) Samuel Jacobs	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	345 Binder Dr. Salt Lake City, UT 23432-4234	
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File	Third District Court, 450 South State Street, Salt Lake City, UT 84114	
(Guardian) Mike Petro	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	Being Tall St. Salt Lake City, UT 44444-4444	
(Guardian) Tiny Nose	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	Short St. Salt Lake City, UT 23423-4234	
(Guardian) Waine Riches	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	1127 East 400 South Salt Lake City, UT 84777-7777	

Date _____

Sign here _____

 Typed or Printed Name

Instructions to the physician preparing the report on clinical evaluation

This form may be filed in a court case to appoint a guardian or conservator for the patient, and it may be treated as evidence of the patient's incapacity and need for protection.

You may not be able to answer every question within the scope of your evaluation. As well as you are able, answer the questions for which you have information based on your personal observations, based on statements by the patient, or based on a source on which you commonly rely in your professional capacity.

After completing the evaluation, date and sign the form and return it to the person who requested the examination and evaluation. That person will file the report with the court and, as needed, serve the report on the respondent. When filed with the court, this is a private record and available only to the court and those involved in the case.

This is a private record

Evaluator's Name

Address

Address

City, State, Zip

Phone

Email

I am a Physician Psychiatrist Other _____ licensed to practice in the state of _____. My license number is _____

Report on Clinical Evaluation of Samuel Jacobs (patient's name)

To the evaluator: This document may be filed in a court case to appoint a guardian for **Samuel Jacobs**, and it may be treated as evidence of **Samuel Jacobs'** incapacity. You may not be able to answer every question within the scope of your evaluation. Answer the questions for which you have information based on your personal observations, based on statements by **Samuel Jacobs**, or based on a source on which you commonly rely in your professional capacity.

(1) Sources of information

I am am not aware of **Samuel Jacobs'** advance healthcare directive.

My answers are based on the following sources of information.

- My examination of **Samuel Jacobs** on _____ (date) for the purpose of assessing capacity. On that date I spent about _____ minutes with **Samuel Jacobs**.
- My general knowledge of **Samuel Jacobs**, who has been my patient since _____ (date) and who I last saw on _____ (date). On that date I spent approximately _____ minutes with **Samuel Jacobs**.
- Review of **Samuel Jacobs'** records.
- Discussions with **Samuel Jacobs**.
- Discussions with healthcare professionals involved in **Samuel Jacobs'** care.
- Discussions with **Samuel Jacobs'** family, friends or caregivers.

(2) Overall condition

Samuel Jacobs' overall physical health is:

Excellent Good Fair Poor

Samuel Jacobs' overall physical health will:

Improve Be stable Decline Uncertain

Samuel Jacobs' overall mental health is:

Excellent Good Fair Poor

Samuel Jacobs' overall mental health will:

Improve Be stable Decline Uncertain

List your diagnoses that affect **Samuel Jacobs'** functioning.

(3) Daily functions

(If you check moderate or severe or if you have concerns, explain in the comments.)

	Level of Impairment				
	None	Mild	Moderate	Severe	Not Evaluated
Activities of daily living (ADLs: bathing, grooming, dressing, mobility, toileting, eating, taking medication, etc)	<input type="checkbox"/>				
Instrumental Activities of Daily Living (IADLs: medication acquisition and monitoring, food shopping and preparation, transportation, paying bills, protect assets, resist fraud, etc.)	<input type="checkbox"/>				
Medical decision making (reason about health, express a choice, and understand, information, etc.)	<input type="checkbox"/>				
Care of home and functioning in community (manage home, health, telephone, mail, drive, leisure, etc.)	<input type="checkbox"/>				
Ability to protect self form harm, including physical harm, self-neglect, and financial exploitation.	<input type="checkbox"/>				

Comments

(4) Behavior

(If you check moderate or severe or if you have concerns, explain in the comments.)

	Level of Impairment				
	None	Mild	Moderate	Severe	Not Evaluated
Rambling, nonsensical, or incoherent thinking	<input type="checkbox"/>				
Confabulation (fills in memory gaps with honestly believed false information)	<input type="checkbox"/>				
Seeing, hearing, smelling things not there	<input type="checkbox"/>				
Extreme suspiciousness; believing things that are not true against reason or evidence	<input type="checkbox"/>				
Uncontrollable worry, fear, thoughts	<input type="checkbox"/>				
Acting without considering consequences	<input type="checkbox"/>				
Acting with hostility, anger or violence	<input type="checkbox"/>				
Disinhibition, sexual aggression, uncontrollable behavior	<input type="checkbox"/>				
Refuses to accept help or follow directions	<input type="checkbox"/>				
Wandering	<input type="checkbox"/>				
Comments					

--

(5) Cognitive and emotional impairment

(If you check moderate or severe or if you have concerns, explain in the comments.)

	Level of Impairment				
	None	Mild	Moderate	Severe	Not Evaluated
Alertness/consciousness	<input type="checkbox"/>				
Memory and cognitive functioning	<input type="checkbox"/>				
Emotional and psychiatric functioning	<input type="checkbox"/>				
In what areas are Samuel Jacobs' decision making or thinking impaired and to what extent?					

(6) Overall condition

How likely is the risk that **Samuel Jacobs** may harm self or others?

Unlikely Possible Probable Almost Certain

Describe any significant risks **Samuel Jacobs** faces and note whether these risks are due to **Samuel Jacobs'** condition and/or due to another person harming or exploiting **Samuel Jacobs**.

Describe any social factors (persons, supports, environment) that increase or decrease the risk.

--

(7) Level of supervision needed

In your opinion, what level of supervision does **Samuel Jacobs** need?

No supervision Some supervision 24-hr supervision Locked facility

(8) Treatment and accommodation

Describe any treatment or accommodations that might enhance **Samuel Jacobs'** functioning and any that have been tried but are ineffective.

This report is complete and accurate to the best of my information and belief. If directed to do so, I am prepared to present to the court, by affidavit or testimony, my qualifications and my evidence.

Date _____

Sign here _____

Typed or Printed Name

Certificate of Service

I certify that I served a copy of this **Request to Appoint an Attorney to Represent the Respondent** on the following people:

Person's Name	Method of Service	Served at this Address	Served on this Date
(Petitioner or Attorney) Mike Petro	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	Being Tall St. Salt Lake City, UT 44444-4444	
(Respondent or Attorney) Samuel Jacobs	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	345 Binder Dr. Salt Lake City, UT 23432-4234	
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File	Third District Court, 450 South State Street, Salt Lake City, UT 84114	
(Guardian) Mike Petro	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	Being Tall St. Salt Lake City, UT 44444-4444	
(Guardian) Tiny Nose	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	Short St. Salt Lake City, UT 23423-4234	
(Guardian) Waine Riches	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	1127 East 400 South Salt Lake City, UT 84777-7777	

Date _____

Sign here _____

 Typed or Printed Name

Name: **Mike Petro**
Address: **Being Tall St.**
Salt Lake City UT 44444-4444
Phone: **(234) 324-2343**
Email: **Arrow @ Straight . com**
Pro Se **Petitioner**

Online Court Assistance Program
Private Record

IN THE THIRD JUDICIAL DISTRICT COURT
OF SALT LAKE COUNTY, STATE OF UTAH
Third District Court, 450 South State Street, Salt Lake City, UT 84114

In the Matter of Protection for:

Samuel Jacobs,

Respondent

**Notice of Hearing, Rights and Adverse
Consequences of a Guardianship**

Case No. _____

Judge: _____

To: **Samuel Jacobs, Respondent**
345 Binder Dr.
Salt Lake City, UT 23432-4234

This court has received the attached petition claiming that you are incapacitated, which means the petitioner claims that you are unable to make or communicate responsible decisions. The petition asks that this court appoint **Mike Petro** as your guardian to make decisions for you.

The court has scheduled a hearing on the petition at the following date and time.

Date _____ Time _____ [] a.m. [] p.m.

Room _____ Judge _____

At the hearing the court will decide whether you are incapacitated. If the court finds that you are incapacitated, the court will further decide who the guardian will be, and what authority the guardian will have. You must attend the hearing, and you must be represented by a lawyer. You have the following rights:

- The right to choose your own attorney; (If you do not have a lawyer the court will appoint one for you.)
- The right to nominate a guardian of your choice;
- The right to limit the guardian's authority to that needed for protection;

- The right to receive written reasons for appointing a guardian;
- The right to demand that the hearing be open or closed to the public;
- The right to present evidence;
- The right to ask questions of witnesses;
- The right to be examined by a court-appointed physician;
- The right to be interviewed by a court-appointed visitor and to ask that the visitor interview - the proposed guardian;
- The right to ask that the visitor visit your current home and proposed home; and
- The right to trial by jury.

You and any person interested in your welfare also have the right to ask the court for a hearing to end the guardianship, to appoint a different guardian, or to change the guardian's authority.

If a guardian is appointed, the guardian will make decision in the areas in which the court decides you need protection. The guardian may have the authority to make decision about:

- Where you live;
- Your healthcare, including end of life choices;
- Your finances, like investing or spending your money;
- Your business and property.

In addition, if the court finds that you are incapacitated, you may not be able to:

- Drive a car;
- Make a will;
- Marry or divorce; or
- Vote.

Interpretation. If you do not speak or understand English, contact a judicial services representative at least 3 days before the hearing, and an interpreter will be provided.

Interpretación. Si usted no habla ni entiende el Inglés, contacte al Representante de Servicios Judiciales por lo menos 3 días antes de la audiencia y le proveerán un intérprete.

Disability Accommodation. If you have a disability requiring accommodation, including an ASL interpreter, contact a judicial services representative at least 3 days before the hearing.

Date _____

Sign here _____

Mike Petro

Name: **Mike Petro**
Address: **Being Tall St.**
Salt Lake City UT 44444-4444
Phone: **(234) 324-2343**
Email: **Arrow @ Straight . com**
Pro Se Petitioner

Online Court Assistance Program

IN THE THIRD JUDICIAL DISTRICT COURT
OF SALT LAKE COUNTY, STATE OF UTAH
Third District Court, 450 South State Street, Salt Lake City, UT 84114

In the Matter of Protection for:

Samuel Jacobs,

Respondent

Proof of Service under URCP 4

Case No. _____

Judge: _____

Instructions: Use this document to show the date, place, and manner in which documents were served under Rule 4 of the Utah Rules of Civil Procedure. Rule 4 requires service by mail OR by personal service (not both). Complete Paragraph (1). Then complete either Paragraph (2) OR Paragraphs (3) and (4).

(1) The following documents were served by the method described below:

(Choose [X] all that apply.)

Petition to Appoint a Guardian for an Adult

Notice of Hearing, Rights and Adverse Consequences of a Guardianship

Other _____

Other _____

Service by Mail (Note: Service by mail requires a signed receipt. The state and its departments and agencies cannot be served by mail until after they are parties to the case. A minor or incapacitated person cannot be served by mail until after they are parties to the case.)

(2) I served the following person by sending a copy of the documents listed in Paragraph (1) by registered mail or commercial courtier service to:

- Samuel Jacobs**
345 Binder Dr.Salt Lake City, UT 23432-4234
- Samuel Jacobs**

Address

City, State, Zip

I have attached a signed receipt proving delivery. It was signed by:

- the addressee personally
- someone authorized by appointment or by law to receive service of process on behalf of the addressee.

Service by Third Person (Note: Certain people and entities must be served in a certain way. This form includes only the most common ways. Consult Rule 4(d) of the Utah Rules of Civil Procedure for others.)

(3) I am over the age of 18. I am not a party to this action. I am not an attorney for a party to this action.

(4) On _____ (date), I went to _____ (address), and

I delivered the documents listed in Paragraph (1) to _____ (name), who is

<input type="checkbox"/> Samuel Jacobs	Serving Samuel Jacobs by delivery (process server)
<input type="checkbox"/> a person of suitable age and discretion residing at the above address, which is the residence of Samuel Jacobs . (Describe why you think the person you left the documents with resides at the residence and why you think the person you left the documents with is of suitable age and discretion.	Serving Samuel Jacobs by leaving it at Samuel Jacobs's home
<input type="checkbox"/> an agent authorized by appointment or by law to receive	Serving Samuel Jacobs

service of process on behalf of Samuel Jacobs	by delivery to an agent
<input type="checkbox"/> an officer, a managing agent, general agent. OR <input type="checkbox"/> an agent authorized by appointment or by law to receive service of process and by also mailing a copy of the documents to the named party.	Serving a corporation, partnership, or an unincorporated association
<input type="checkbox"/> Describe how you served the document.	Other. See URCP 4.

I declare under penalty of Utah Code Section 78B-5-705 that everything stated in this document is true. I have not included any non-public information in this document.

Date _____

Sign here _____

 Typed or Printed Name

Name: **Mike Petro**
Address: **Being Tall St.**
Salt Lake City UT 44444-4444
Phone: **(234) 324-2343**
Email: **Arrow @ Straight . com**
Pro Se Petitioner

Online Court Assistance Program
Private Record

IN THE THIRD JUDICIAL DISTRICT COURT
OF SALT LAKE COUNTY, STATE OF UTAH
Third District Court, 450 South State Street, Salt Lake City, UT 84114

In the Matter of Protection for:

Samuel Jacobs,

Respondent

**Notice of Hearing, Rights and Adverse
Consequences of a Guardianship**

Case No. _____

Judge: _____

To: **Tiny Nose, adult child of Samuel Jacobs**
Short St.
Salt Lake City, UT 23423-4234

This court has received the attached petition claiming that Respondent **Samuel Jacobs** is incapacitated, which means the petitioner claims that **Samuel Jacobs** is unable to make or communicate responsible decisions. The petition asks that this court appoint **Mike Petro** as guardian to make decisions for **Samuel Jacobs**.

The court has scheduled a hearing on the petition at the following date and time.

Date _____ Time _____ [] a.m. [] p.m.

Room _____ Judge _____

At the hearing the court will decide whether **Samuel Jacobs** is incapacitated. If the court finds that **Samuel Jacobs** is incapacitated, the court will further decide who the guardian will be, and what authority the guardian will have. **Samuel Jacobs** must attend the hearing, and **Samuel Jacobs** must be represented by a lawyer. **Samuel Jacobs** has the following rights:

- The right to choose **his** own attorney; (If **he** does not have a lawyer the court will appoint one for **him**.)
- The right to nominate a guardian of **his** choice;
- The right to limit the guardian's authority to that needed for protection;
- The right to receive written reasons for appointing a guardian;

- The right to demand that the hearing be open or closed to the public;
- The right to present evidence;
- The right to ask questions of witnesses;
- The right to be examined by a court-appointed physician;
- The right to be interviewed by a court-appointed visitor and to ask that the visitor interview - the proposed guardian;
- The right to ask that the visitor visit **Samuel Jacobs'** current home and proposed home; and
- The right to trial by jury.

Samuel Jacobs and any person interested in **Samuel Jacobs'** welfare have the right to ask the court for a hearing to end the guardianship, to appoint a different guardian, or to change the guardian's authority.

If a guardian is appointed, the guardian will make decisions for **Samuel Jacobs** in the areas in which the court decides **Samuel Jacobs** needs protection. The guardian may have the authority to make decision about:

- Where **Samuel Jacobs** lives;
- **Samuel Jacobs'** healthcare, including end of life choices;
- **Samuel Jacobs'** finances, like investing or spending **Samuel Jacobs'** money;
- **Samuel Jacobs'** business and property.

In addition, if the court finds that **Samuel Jacobs** is incapacitated, **Samuel Jacobs** may not be able to:

- Drive a car;
- Make a will;
- Marry or divorce; or
- Vote.

Interpretation. If you do not speak or understand English, contact a judicial services representative at least 3 days before the hearing, and an interpreter will be provided.

Interpretación. Si usted no habla ni entiende el Inglés, contacte al Representante de Servicios Judiciales por lo menos 3 días antes de la audiencia y le proveerán un intérprete.

Disability Accommodation. If you have a disability requiring accommodation, including an ASL interpreter, contact a judicial services representative at least 3 days before the hearing.

Date _____

Sign here

Mike Petro

Name: **Mike Petro**
Address: **Being Tall St.**
Salt Lake City UT 44444-4444
Phone: **(234) 324-2343**
Email: **Arrow @ Straight . com**
Pro Se Petitioner

Online Court Assistance Program

IN THE THIRD JUDICIAL DISTRICT COURT
OF SALT LAKE COUNTY, STATE OF UTAH
Third District Court, 450 South State Street, Salt Lake City, UT 84114

In the Matter of Protection for:

Samuel Jacobs,

Respondent

Proof of Service under URCP 4

Case No. _____

Judge: _____

Instructions: Use this document to show the date, place, and manner in which documents were served under Rule 4 of the Utah Rules of Civil Procedure. Rule 4 requires service by mail OR by personal service (not both). Complete Paragraph (1). Then complete either Paragraph (2) OR Paragraphs (3) and (4).

(1) The following documents were served by the method described below:

(Choose [X] all that apply.)

Petition to Appoint a Guardian for an Adult

Notice of Hearing, Rights and Adverse Consequences of a Guardianship

Other _____

Other _____

Service by Mail (Note: Service by mail requires a signed receipt. The state and its departments and agencies cannot be served by mail until after they are parties to the case. A minor or incapacitated person cannot be served by mail until after they are parties to the case.)

(2) I served the following person by sending a copy of the documents listed in Paragraph (1) by registered mail or commercial courtier service to:

Tiny Nose
Short St.
Salt Lake City, UT 23423-4234

Tiny Nose

Address

City, State, Zip

I have attached a signed receipt proving delivery. It was signed by:

the addressee personally

someone authorized by appointment or by law to receive service of process on behalf of the addressee.

Service by Third Person (Note: Certain people and entities must be served in a certain way.

This form includes only the most common ways. Consult Rule 4(d) of the Utah Rules of Civil Procedure for others.)

(3) I am over the age of 18. I am not a party to this action. I am not an attorney for a party to this action.

(4) On _____ (date), I went to

_____ (address), and

I delivered the documents listed in Paragraph (1) to

_____ (name), who is

<input type="checkbox"/> Tiny Nose	Serving Tiny Nose by delivery (process server)
<input type="checkbox"/> a person of suitable age and discretion residing at the above address, which is the residence of Tiny Nose . (Describe why you think the person you left the documents with resides at the residence and why you think the person you left the documents with is of suitable age and discretion.	Serving Tiny Nose by leaving it at Tiny Nose's home

<input type="checkbox"/> an agent authorized by appointment or by law to receive service of process on behalf of Tiny Nose	Serving Tiny Nose by delivery to an agent
<input type="checkbox"/> an officer, a managing agent, general agent. OR <input type="checkbox"/> an agent authorized by appointment or by law to receive service of process and by also mailing a copy of the documents to the named party.	Serving a corporation, partnership, or an unincorporated association
<input type="checkbox"/> Describe how you served the document.	Other. See URCP 4.

I declare under penalty of Utah Code Section 78B-5-705 that everything stated in this document is true. I have not included any non-public information in this document.

Date _____

Sign here _____

Typed or Printed Name

Name: **Mike Petro**
Address: **Being Tall St.**
Salt Lake City UT 44444-4444
Phone: **(234) 324-2343**
Email: **Arrow @ Straight . com**
Pro Se **Petitioner**

Online Court Assistance Program

IN THE THIRD JUDICIAL DISTRICT COURT
OF SALT LAKE COUNTY, STATE OF UTAH
Third District Court, 450 South State Street, Salt Lake City, UT 84114

In the Matter of Protection for:

Samuel Jacobs,

Respondent

**FINDINGS OF FACT AND
CONCLUSIONS OF LAW**

Case No. _____

Judge: _____

The matter before the court is a petition to appoint a guardian for the Respondent **Samuel Jacobs**. This matter is being resolved by:

(Choose [X] all that apply.)

The stipulation of the parties.

The pleadings and other papers of the parties.

A hearing held on _____ (date), notice of which was served on all parties.

Petitioner **Mike Petro**:

was present

was not present

was represented by _____ (name).

was not represented.

Respondent **Samuel Jacobs**:

was present.

was excused from attending.

was represented by _____ (name).

Having considered the documents filed with the court, the evidence and the arguments, and now being fully informed,

The Court Finds That:

1. The court has jurisdiction under Section 75-1-302.
2. The court has venue because **Samuel Jacobs** resides or is present in **Salt Lake County**.
3. Service on all interested persons of a copy of the petition and notice of the time and place of the hearing has been made as required by law.
4. Respondent **Samuel Jacobs** is an adult.
5. **Mike Petro** is a competent person or suitable institution to be **Samuel Jacobs'** guardian.
6. **Mike Petro** has priority for appointment because he:

(Choose [X] all that apply.)

has been nominated by **Samuel Jacobs**

(Choose [X] one.)

in a signed writing substantially conforming to the requirements of Section 75-5-311.

by some means other than a signed writing substantially conforming to the requirements of Section 75-5-311.

is **Samuel Jacobs'** spouse.

is **Samuel Jacobs'** adult child.

is **Samuel Jacobs'** parent.

is a person nominated by will or other writing signed by **Samuel Jacobs'** deceased spouse.

is a person nominated by will or other writing signed by **Samuel Jacobs'** deceased parent

is **Samuel Jacobs'** relative with whom **Samuel Jacobs** has resided for more than six months before the filing of the petition.

has been nominated by _____ (name) who is caring for **Samuel Jacobs** or paying benefits to **Samuel Jacobs**.

is a specialized care professional who does not profit financially or otherwise from or receive compensation for acting as guardian, except for the direct costs of providing guardianship services, and does not otherwise have a conflict of interest in providing those services.

is _____
(describe relationship to **Samuel Jacobs**)

7. The court should appoint **Mike Petro** as guardian of **Samuel Jacobs** because:

(Choose [X] one.)

Mike Petro is highest in priority established by statute.

There is good cause not to follow the statutory priority because:

8. **Tiny Nose** is a competent person or suitable institution to be **Samuel Jacobs'** guardian.

9. **Tiny Nose** has priority for appointment because she:

(Choose [X] all that apply.)

has been nominated by **Samuel Jacobs**

(Choose [X] one.)

in a signed writing substantially conforming to the requirements of Section 75-5-311.

by some means other than a signed writing substantially conforming to the requirements of Section 75-5-311.

is **Samuel Jacobs'** spouse.

is **Samuel Jacobs'** adult child.

is **Samuel Jacobs'** parent.

is a person nominated by will or other writing signed by **Samuel Jacobs'** deceased spouse.

is a person nominated by will or other writing signed by **Samuel Jacobs'** deceased parent

is **Samuel Jacobs'** relative with whom **Samuel Jacobs** has resided for more than six months before the filing of the petition.

has been nominated by _____ (name) who is caring for **Samuel Jacobs** or paying benefits to **Samuel Jacobs**.

is a specialized care professional who does not profit financially or otherwise from or receive compensation for acting as guardian, except for the direct costs of providing guardianship services, and does not otherwise have a conflict of interest in providing those services.

is _____
(describe relationship to **Samuel Jacobs**)

10. The court should appoint **Tiny Nose** as guardian of **Samuel Jacobs** because:

(Choose [X] one.)

Tiny Nose is highest in priority established by statute.

There is good cause not to follow the statutory priority because:

11. **Waine Riches** is a competent person or suitable institution to be **Samuel Jacobs'** guardian.

12. **Waine Riches** has priority for appointment because he:

(Choose [X] all that apply.)

has been nominated by **Samuel Jacobs**

(Choose [X] one.)

in a signed writing substantially conforming to the requirements of Section 75-5-311.

by some means other than a signed writing substantially conforming to the requirements of Section 75-5-311.

is **Samuel Jacobs'** spouse.

is **Samuel Jacobs'** adult child.

is **Samuel Jacobs'** parent.

is a person nominated by will or other writing signed by **Samuel Jacobs'** deceased spouse.

is a person nominated by will or other writing signed by **Samuel Jacobs'** deceased parent

is **Samuel Jacobs'** relative with whom **Samuel Jacobs** has resided for more than six months before the filing of the petition.

has been nominated by _____ (name) who is caring for **Samuel Jacobs** or paying benefits to **Samuel Jacobs**.

is a specialized care professional who does not profit financially or otherwise from or receive compensation for acting as guardian, except for the direct costs of providing guardianship services, and does not otherwise have a conflict of interest in providing those services.

is _____
(describe relationship to **Samuel Jacobs**)

13. The court should appoint **Waine Riches** as guardian of **Samuel Jacobs** because:

(Choose [X] one.)

Waine Riches is highest in priority established by statute.

There is good cause not to follow the statutory priority because:

14. There is clear and convincing evidence that **Samuel Jacobs'** ability to:

receive and evaluate information; or

make and communicate decisions; or

provide for necessities such as food, shelter, clothing, health care, or safety

is impaired to the extent that **he** lacks the ability, even with appropriate technological assistance, to meet the essential requirements for financial protection or physical health, safety, or self-care.

15. **Samuel Jacobs** has the following functional limitations, and a guardian is necessary or desirable as a means of providing **Samuel Jacobs** with continuing care and supervision.

Choose [X] either **Limited Guardianship** or **Full Guardianship**, but not both.

16. **Limited Guardianship**. **Samuel Jacobs** requires a guardian with limited authority to:
(Choose [X] all that apply.)

make decisions about **Samuel Jacobs'** custody and residence;

make decisions about **Samuel Jacobs'** training and education;

provide for **Samuel Jacobs'** care, comfort, and maintenance;

take reasonable care of **Samuel Jacobs'** clothing, furniture, vehicles, and other personal effects;

commence protective proceedings if **Samuel Jacobs'** property needs protection;

give consent necessary to enable **Samuel Jacobs** to receive medical or other professional care, counsel, treatment, or service;

institute proceedings to compel a person to perform their duty to support **Samuel Jacobs**;

receive money and tangible property deliverable to **Samuel Jacobs** and apply the money and property for **Samuel Jacobs'** support, care, and education;

other (Describe additional authority that **Mike Petro**, **Tiny Nose**, and **Waine Riches** should have.)

17. **Full Guardianship.** **Samuel Jacobs** requires a guardian with plenary or full authority because no alternative exists and nothing less than a full guardianship is adequate to provide **Samuel Jacobs** with continuing care and supervision.

The Court Concludes That:

18. **Samuel Jacobs** is an incapacitated person and a guardianship is necessary or desirable as a means of providing **Samuel Jacobs** with continuing care and supervision.

19. **Samuel Jacobs** requires a guardian:

(Choose [X] one.)

- with limited authority as provided in the **Limited Guardianship** paragraph above.
 with plenary or full authority.

20. **Mike Petro** is a competent person or suitable institution to be **Samuel Jacobs'** guardian.

21. **Tiny Nose** is a competent person or suitable institution to be **Samuel Jacobs'** guardian.

22. **Waine Riches** is a competent person or suitable institution to be **Samuel Jacobs'** guardian.

Approved as to form.

Date _____

Sign here

Mike Petro or Attorney

Typed or Printed Name

Date _____

Sign here

Samuel Jacobs or Attorney

Typed or Printed Name

Date _____

Sign here

Judge

Typed or Printed Name

Certificate of Service

I certify that I served a copy of this **Request to Appoint an Attorney to Represent the Respondent** on the following people:

Person's Name	Method of Service	Served at this Address	Served on this Date
(Petitioner or Attorney) Mike Petro	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	Being Tall St. Salt Lake City, UT 44444-4444	
(Respondent or Attorney) Samuel Jacobs	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	345 Binder Dr. Salt Lake City, UT 23432-4234	
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File	Third District Court, 450 South State Street, Salt Lake City, UT 84114	
(Guardian) Mike Petro	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	Being Tall St. Salt Lake City, UT 44444-4444	
(Guardian) Tiny Nose	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	Short St. Salt Lake City, UT 23423-4234	
(Guardian) Waine Riches	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	1127 East 400 South Salt Lake City, UT 84777-7777	

Date _____

Sign here _____

Typed or Printed Name

Name: **Mike Petro**
Address: **Being Tall St.**
Salt Lake City UT 44444-4444
Phone: **(234) 324-2343**
Email: **Arrow @ Straight . com**
Pro Se Petitioner

Online Court Assistance Program

IN THE THIRD JUDICIAL DISTRICT COURT
OF SALT LAKE COUNTY, STATE OF UTAH
Third District Court, 450 South State Street, Salt Lake City, UT 84114

In the Matter of Protection for:

Samuel Jacobs,

Respondent

Order Appointing Guardian for an Adult

Case No. _____

Judge: _____

The matter before the court is a petition to appoint a guardian for the Respondent **Samuel Jacobs**. This matter is being resolved by:

(Choose [X] all that apply.)

The stipulation of the parties.

The pleadings and other papers of the parties.

A hearing held on _____ (date), notice of which was served on all parties.

Petitioner **Mike Petro**:

was present

was not present

was represented by _____ (name).

was not represented.

Respondent **Samuel Jacobs**:

was present.

was excused from attending.

was represented by _____ (name).

Having considered the documents filed with the court, the evidence and the arguments, and now being fully informed,

The Court Orders That:

1. **Mike Petro** is appointed as guardian of **Samuel Jacobs**, who is now a protected person, to serve.

without bond.

with bond in the amount of \$ _____.

2. **Tiny Nose** is appointed as guardian of **Samuel Jacobs**, who is now a protected person, to serve.

without bond.

with bond in the amount of \$ _____.

3. **Waine Riches** is appointed as guardian of **Samuel Jacobs**, who is now a protected person, to serve.

without bond.

with bond in the amount of \$ _____.

Choose either **Limited Guardianship** or **Full Guardianship**, but not both.

4. **Mike Petro**, **Tiny Nose**, and **Waine Riches** have authority to:

(Choose all that apply.)

make decisions about **Samuel Jacobs'** custody and residence;

make decisions about **Samuel Jacobs'** training and education;

provide for **Samuel Jacobs'** care, comfort, and maintenance;

take reasonable care of **Samuel Jacobs'** clothing, furniture, vehicles, and other personal effects;

commence protective proceedings if **Samuel Jacobs'** property needs protection;

give consent necessary to enable **Samuel Jacobs** to receive medical or other professional care, counsel, treatment, or service;

institute proceedings to compel a person to perform their duty to support **Samuel Jacobs**;

receive money and tangible property deliverable to **Samuel Jacobs** and apply the money and property for **Samuel Jacobs'** support, care, and education;

other (Describe additional authority that **Mike Petro**, **Tiny Nose**, and **Waine Riches** should have.)

5. **Full Guardianship.** **Mike Petro**, **Tiny Nose**, and **Waine Riches** have plenary or full authority.

6. Upon qualification of and acceptance by **Mike Petro**, the clerk of court shall issue an appropriate letter of guardianship.

7. Upon qualification of and acceptance by **Tiny Nose**, the clerk of court shall issue an appropriate letter of guardianship.

8. Upon qualification of and acceptance by **Waine Riches**, the clerk of court shall issue an appropriate letter of guardianship.

Approved as to form.

Date _____ Sign here _____
Mike Petro or Attorney

Typed or Printed Name

Date _____ Sign here _____
Samuel Jacobs or Attorney

Typed or Printed Name

Date _____ Sign here _____
Judge

Typed or Printed Name

Certificate of Service

I certify that I served a copy of this **Request to Appoint an Attorney to Represent the Respondent** on the following people:

Person's Name	Method of Service	Served at this Address	Served on this Date
(Petitioner or Attorney) Mike Petro	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	Being Tall St. Salt Lake City, UT 44444-4444	
(Respondent or Attorney) Samuel Jacobs	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	345 Binder Dr. Salt Lake City, UT 23432-4234	
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File	Third District Court, 450 South State Street, Salt Lake City, UT 84114	
(Guardian) Mike Petro	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	Being Tall St. Salt Lake City, UT 44444-4444	
(Guardian) Tiny Nose	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	Short St. Salt Lake City, UT 23423-4234	
(Guardian) Waine Riches	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	1127 East 400 South Salt Lake City, UT 84777-7777	

Date _____

Sign here _____

Typed or Printed Name

Name: **Mike Petro**
Address: **Being Tall St.**
Salt Lake City UT 44444-4444
Phone: **(234) 324-2343**
Email: **Arrow @ Straight . com**
Pro Se Petitioner

Online Court Assistance Program

IN THE THIRD JUDICIAL DISTRICT COURT
OF SALT LAKE COUNTY, STATE OF UTAH
Third District Court, 450 South State Street, Salt Lake City, UT 84114

In the Matter of Protection for:

Samuel Jacobs,

Respondent

Notice of Order

Case No. _____

Judge: _____

Please take notice that the court has entered the attached FINDINGS OF FACT AND CONCLUSIONS OF LAW and ORDER APPOINTING GUARDIAN OF AN ADULT.

Date _____

Sign here

Mike Petro

Typed or Printed Name

Certificate of Service

I certify that I served a copy of this **Request to Appoint an Attorney to Represent the Respondent** on the following people:

Person's Name	Method of Service	Served at this Address	Served on this Date
(Petitioner or Attorney) Mike Petro	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	Being Tall St. Salt Lake City, UT 44444-4444	
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Date _____

Sign here _____

 Typed or Printed Name

Name: **Mike Petro**
Address: **Being Tall St.**
Salt Lake City UT 44444-4444
Phone: **(234) 324-2343**
Email: **Arrow @ Straight . com**
Pro Se Petitioner

Online Court Assistance Program

IN THE THIRD JUDICIAL DISTRICT COURT
OF SALT LAKE COUNTY, STATE OF UTAH
Third District Court, 450 South State Street, Salt Lake City, UT 84114

In the Matter of Protection for:

Samuel Jacobs,

Respondent

Acceptance of Appointment

Case No. _____

Judge: _____

(1) I accept the court's appointment as:

(Choose [X] all that apply.)

guardian

conservator

(2) I submit to the jurisdiction of the court.

(3) Notice of any proceeding about the protected person may be delivered to me personally or mailed to me at my address as listed in the court records or to my address as then known.

(4) I will keep the court informed of any change in my resident and mailing address.

(5) I will report to the court as required by law and follow all court orders.

I declare under penalty of Utah Code Section 78B-5-705 that everything stated in this document is true.

Date _____

Sign here

Mike Petro

Typed or Printed Name

Certificate of Service

I certify that I served a copy of this **Request to Appoint an Attorney to Represent the Respondent** on the following people:

Person's Name	Method of Service	Served at this Address	Served on this Date
(Petitioner or Attorney) Mike Petro	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	Being Tall St. Salt Lake City, UT 44444-4444	
(Respondent or Attorney) Samuel Jacobs	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	345 Binder Dr. Salt Lake City, UT 23432-4234	
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(Guardian) Mike Petro	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	Being Tall St. Salt Lake City, UT 44444-4444	
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(Guardian) Waine Riches	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	1127 East 400 South Salt Lake City, UT 84777-7777	

Date _____

Sign here _____

 Typed or Printed Name

Name: **Mike Petro**
Address: **Being Tall St.**
Salt Lake City UT 44444-4444
Phone: **(234) 324-2343**
Email: **Arrow @ Straight . com**
Pro Se Petitioner

Online Court Assistance Program

IN THE THIRD JUDICIAL DISTRICT COURT
OF SALT LAKE COUNTY, STATE OF UTAH
Third District Court, 450 South State Street, Salt Lake City, UT 84114

In the Matter of Protection for:

Samuel Jacobs,

Respondent

Acceptance of Appointment

Case No. _____

Judge: _____

(1) I accept the court's appointment as:

(Choose [X] all that apply.)

guardian

conservator

(2) I submit to the jurisdiction of the court.

(3) Notice of any proceeding about the protected person may be delivered to me personally or mailed to me at my address as listed in the court records or to my address as then known.

(4) I will keep the court informed of any change in my resident and mailing address.

(5) I will report to the court as required by law and follow all court orders.

I declare under penalty of Utah Code Section 78B-5-705 that everything stated in this document is true.

Date _____

Sign here

Tiny Nose

Typed or Printed Name

Certificate of Service

I certify that I served a copy of this **Request to Appoint an Attorney to Represent the Respondent** on the following people:

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(Petitioner or Attorney) Mike Petro	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	Being Tall St. Salt Lake City, UT 44444-4444	
(Respondent or Attorney) Samuel Jacobs	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	345 Binder Dr. Salt Lake City, UT 23432-4234	
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(Guardian) Mike Petro	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	Being Tall St. Salt Lake City, UT 44444-4444	
(Guardian) Tiny Nose	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	Short St. Salt Lake City, UT 23423-4234	
(Guardian) Waine Riches	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	1127 East 400 South Salt Lake City, UT 84777-7777	

Date _____

Sign here _____

 Typed or Printed Name

Name: **Mike Petro**
Address: **Being Tall St.**
Salt Lake City UT 44444-4444
Phone: **(234) 324-2343**
Email: **Arrow @ Straight . com**
Pro Se Petitioner

Online Court Assistance Program

IN THE THIRD JUDICIAL DISTRICT COURT
OF SALT LAKE COUNTY, STATE OF UTAH
Third District Court, 450 South State Street, Salt Lake City, UT 84114

In the Matter of Protection for:

Samuel Jacobs,

Respondent

Acceptance of Appointment

Case No. _____

Judge: _____

(1) I accept the court's appointment as:

(Choose [X] all that apply.)

guardian

conservator

(2) I submit to the jurisdiction of the court.

(3) Notice of any proceeding about the protected person may be delivered to me personally or mailed to me at my address as listed in the court records or to my address as then known.

(4) I will keep the court informed of any change in my resident and mailing address.

(5) I will report to the court as required by law and follow all court orders.

I declare under penalty of Utah Code Section 78B-5-705 that everything stated in this document is true.

Date _____

Sign here

Waine Riches

Typed or Printed Name

Certificate of Service

I certify that I served a copy of this **Request to Appoint an Attorney to Represent the Respondent** on the following people:

Person's Name	Method of Service	Served at this Address	Served on this Date
(Petitioner or Attorney) Mike Petro	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	Being Tall St. Salt Lake City, UT 44444-4444	
(Respondent or Attorney) Samuel Jacobs	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	345 Binder Dr. Salt Lake City, UT 23432-4234	
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File	Third District Court, 450 South State Street, Salt Lake City, UT 84114	
(Guardian) Mike Petro	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	Being Tall St. Salt Lake City, UT 44444-4444	
(Guardian) Tiny Nose	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	Short St. Salt Lake City, UT 23423-4234	
(Guardian) Waine Riches	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)	1127 East 400 South Salt Lake City, UT 84777-7777	

Date _____

Sign here _____

 Typed or Printed Name

Name: **Mike Petro**
Address: **Being Tall St.**
Salt Lake City UT 44444-4444
Phone: **(234) 324-2343**
Email: **Arrow @ Straight . com**
Pro Se Petitioner

Online Court Assistance Program

IN THE THIRD JUDICIAL DISTRICT COURT
OF SALT LAKE COUNTY, STATE OF UTAH
Third District Court, 450 South State Street, Salt Lake City, UT 84114

In the Matter of Protection for:

Samuel Jacobs,

Respondent

Letter of Limited Guardianship

Case No. _____

Judge: _____

This letter is issued to evidence the appointment, qualification and authority of **Mike Petro** as guardian for **Samuel Jacobs**, a protected person. This is a limited guardianship.

Mike Petro has authority to:

(Choose [X] all that apply.)

- make decisions about **Samuel Jacobs'** custody and residence;
- make decisions about **Samuel Jacobs'** training and education;
- provide for **Samuel Jacobs'** care, comfort, and maintenance;
- take reasonable care of **Samuel Jacobs'** clothing, furniture, vehicles, and other personal effects;
- commence protective proceedings if **Samuel Jacobs'** property needs protection;
- give consent necessary to enable **Samuel Jacobs** to receive medical or other professional care, counsel, treatment, or service;
- institute proceedings to compel a person to perform their duty to support **Samuel Jacobs;**
- receive money and tangible property deliverable to **Samuel Jacobs** and apply the money and property for **Samuel Jacobs'** support, care, and education;
- other (Describe additional authority that **Mike Petro** should have.)

Witness my signature and the seal of this court.

Date _____

Sign here

Clerk of the Court

Typed or Printed Name

Name: **Mike Petro**
Address: **Being Tall St.**
Salt Lake City UT 44444-4444
Phone: **(234) 324-2343**
Email: **Arrow @ Straight . com**
Pro Se Petitioner

Online Court Assistance Program

IN THE THIRD JUDICIAL DISTRICT COURT
OF SALT LAKE COUNTY, STATE OF UTAH
Third District Court, 450 South State Street, Salt Lake City, UT 84114

In the Matter of Protection for:

Samuel Jacobs,

Respondent

Letter of Limited Guardianship

Case No. _____

Judge: _____

This letter is issued to evidence the appointment, qualification and authority of **Tiny Nose**.as guardian for **Samuel Jacobs**, a protected person. This is a limited guardianship.

Tiny Nose has authority to:

(Choose [X] all that apply.)

- make decisions about **Samuel Jacobs'** custody and residence;
- make decisions about **Samuel Jacobs'** training and education;
- provide for **Samuel Jacobs'** care, comfort, and maintenance;
- take reasonable care of **Samuel Jacobs'** clothing, furniture, vehicles, and other personal effects;
- commence protective proceedings if **Samuel Jacobs'** property needs protection;
- give consent necessary to enable **Samuel Jacobs** to receive medical or other professional care, counsel, treatment, or service;
- institute proceedings to compel a person to perform their duty to support **Samuel Jacobs;**
- receive money and tangible property deliverable to **Samuel Jacobs** and apply the money and property for **Samuel Jacobs'** support, care, and education;
- other (Describe additional authority that **Tiny Nose** should have.)

Witness my signature and the seal of this court.

Date _____

Sign here

Clerk of the Court

Typed or Printed Name

Name: **Mike Petro**
Address: **Being Tall St.**
Salt Lake City UT 44444-4444
Phone: **(234) 324-2343**
Email: **Arrow @ Straight . com**
Pro Se Petitioner

Online Court Assistance Program

IN THE THIRD JUDICIAL DISTRICT COURT
OF SALT LAKE COUNTY, STATE OF UTAH
Third District Court, 450 South State Street, Salt Lake City, UT 84114

In the Matter of Protection for:

Samuel Jacobs,

Respondent

Letter of Limited Guardianship

Case No. _____

Judge: _____

This letter is issued to evidence the appointment, qualification and authority of **Waine Riches** as guardian for **Samuel Jacobs**, a protected person. This is a limited guardianship.

Waine Riches has authority to:

(Choose [X] all that apply.)

- make decisions about **Samuel Jacobs'** custody and residence;
- make decisions about **Samuel Jacobs'** training and education;
- provide for **Samuel Jacobs'** care, comfort, and maintenance;
- take reasonable care of **Samuel Jacobs'** clothing, furniture, vehicles, and other personal effects;
- commence protective proceedings if **Samuel Jacobs'** property needs protection;
- give consent necessary to enable **Samuel Jacobs** to receive medical or other professional care, counsel, treatment, or service;
- institute proceedings to compel a person to perform their duty to support **Samuel Jacobs;**
- receive money and tangible property deliverable to **Samuel Jacobs** and apply the money and property for **Samuel Jacobs'** support, care, and education;
- other (Describe additional authority that **Waine Riches** should have.)

Witness my signature and the seal of this court.

Date _____

Sign here

Clerk of the Court

Typed or Printed Name